

APPLICATION FOR ARCHITECT LICENSURE BY EXAMINATION

APPLICATION INSTRUCTIONS

Please complete the reverse side of this form by providing all of the requested information. Your signature must be notarized and the appropriate fees must be attached. Submit the completed form to the address noted below. To be considered by the Board, properly completed applications must be received by the Executive Secretary at least thirty (30) days prior to the first day of the month in which the Board will meet.

NOTE: ANY PRACTICE OR SOLICITATION OF ARCHITECTURE IN IDAHO PRIOR TO OBTAINING A VALID LICENSE IS UNLAWFUL AND MAY RESULT IN CRIMINAL PROSECUTION AND DENIAL OF LICENSURE. (54-305. & 54-310., I.C.)

Please read all questions carefully. All requested information and fees must be provided. Failure to provide a complete application will result in its return to you.

EXAMINATION PROCESSING FEE \$ 25.00
ADDITIONAL EXAMINATION FEES MAY BE REQUIRED BY NCARB

ATTACH THE FOLLOWING

Please attach current letters of reference addressing your character, training, and experience from three (3) currently licensed architects who are not in or employed by the same firm as, or an employee of, the applicant.

PHOTOGRAPH: A 2" X 3" photograph of yourself, taken within 1 year of this application must be attached below.

ATTACH PHOTOGRAPH HERE	HEIGHT	_____
	WEIGHT	_____
	EYE COLOR	_____
	HAIR COLOR	_____

A.D.A. NOTICE

If you have a disability as defined under the Americans with Disabilities Act, and you require special accommodation, please attach a written request for special accommodation that identifies the specific services that are being requested to meet your special needs. A request for special accommodation must be accompanied by current & historical medical documentation identifying your disability and supporting the need for the accommodations being requested.

Questions regarding this application or the requirements for licensure may be addressed to:

BUREAU OF OCCUPATIONAL LICENSES
1109 Main Street, Suite 220
Boise, Idaho 83702-5642
(208) 334-3233
FAX (208) 334-3945
E-mail – arc@ibol.idaho.gov
Web site – <https://ibol.idaho.gov/arc.htm>

**STATE OF IDAHO
BUREAU OF OCCUPATIONAL LICENSES**

APPLICATION FOR ARCHITECT LICENSURE BY EXAMINATION

(see instructions)

I hereby submit my qualifications and make application for an Architect license in the State of Idaho under the provisions of Title 54, Chapter 3, Idaho Code as amended and provide the following:

1. Full Name (Mr., Mrs., or Ms.) _____

2. Address of Record _____

(The above address is public record) Street/PO Box City State Zip

3. Mailing Address _____

(The above address is not public record) Street/PO Box City State Zip

4. Date of Birth ____/____/____ **Place of Birth** _____ **Social Security No.** ____/____/____
 month day year

5. Daytime phone ____ (____) _____ **Fax** ____ (____) _____ **E-mail** _____

6. Do you hold a National Council (NCARB) record (Green cover)? [] Yes [] No
(If Yes, your NCARB record must be received before your application will be processed & you may skip numbers 7 below. If No, continue to number 7.) 54-302A., I.C.

7. Are you a graduate of an accredited architectural curriculum & have 3 years architectural experience? [] Yes [] No
(If Yes, this office must receive official educational transcripts directly from the university/college registrar AND documentation of 3 years experience. Verification letters from past employer are required to document experience.) 54-302. I.C. & Rule 300.01.
If No, you must submit satisfactory evidence that you have attained the educational equivalent, AND documentation of 8 years of architectural experience. Verification letters from past employer are required to document experience.) 54-302. I.C.

8. Completion of the Intern Development Program (IDP) requirements is mandatory. This office must receive certified documentation of completion of the IDP requirements before your application will be processed)

9. Are you currently or have you ever been licensed in Idaho or any other state(s)? [] Yes [] No
(If Yes, we must receive certification of said licensure(s) directly from each issuing authority OR your NCARB certification before your application will be processed.) 54-302A. I.C.

10. Have you ever had a license, certification, or registration revoked, suspended or otherwise sanctioned? [] Yes [] No
(If yes, a copy of the charges and the final order must be received before your application will be processed.) 54-305. I.C.

11. Have you ever been convicted of any State or Federal felony? [] Yes [] No
(If yes, a detailed statement, a summary of the charges, the final order, any probation or parole documentation, and any other relevant information must be received before your application will be processed.) 54-305. I.C.

12. Have you solicited or practiced architecture or been self-represented as an architect in this state prior to this application?
(If Yes, please attach a supplemental explanation.) 54-305. & 54-310. I.C. [] Yes [] No

AFFIDAVIT

I hereby certify under oath that the responses provided above and those attached to this application are true and accurate to the best of my knowledge and belief. I further certify that I have reviewed and will comply with the Idaho Laws and Rules governing the practice of Architecture, and the National Council of Architectural Registration Boards' Rules of Conduct as adopted by the Idaho Board. I also hereby authorize and direct any person, agency, firm, or other entity to release, upon the request of the Bureau of Occupational Licenses or it's authorized representative, any information, communication, report, record, statement, disclosure, or recommendation that may have bearing on my eligibility for or maintenance of the license for which I am applying. I also hereby authorize the Bureau of Occupational Licenses to release to any other regulatory entity in any jurisdiction any information requested by about me that may otherwise be otherwise protected or confidential that may have bearing on my eligibility for or maintenance of any license issued subsequent to this application.

Signature of applicant

State of _____, County of _____, ss.

Subscribed and sworn before me this _____ day of _____, 20 _____.

(seal)

Notary Public official signature
my commission expires _____